

PERIODIC SAFETY TEST ATTESTATION
ELEVATORS, MANLIFTS, ESCALATORS, MOVING WALKS, DUMBWAITERS, PLATFORM
LIFTS AND CHAIR LIFTS

State number of device: _____ Type of device _____

Type of Test (circle one) Category 1 Category 3 Category 5

Date Test Conducted: _____

User name: _____

User location: _____

User city: _____ zip _____

I am an individual who is certified under ASME QEI-1. I hereby attest, under penalty for perjury that:

1. all of the above-referenced required tests have been completed by persons qualified to perform such services; and
2. the above-referenced regulated lifting device conforms to all applicable building and equipment codes in effect at the time of installation and all building codes and equipment codes effective as applicable to and for each alteration.

Signature

Date

Printed Name

QEI-1 Certification Number

QEI-1 Certification Expiration Date